

**\*BIBDATASHEET\***

Bib Data Sheet

**CONFIRMATION NO. 3950**

SERIAL NUMBER 09/834,208	FILING DATE 04/13/2001	CLASS 128	GROUP ART UNIT 3731	ATTORNEY DOCKET NO.
RULE				

**APPLICANTS**

G. Thomas Wolf, Mason, OH;

**\*\* CONTINUING DATA \*\*\*\*\****none***\*\* FOREIGN APPLICATIONS \*\*\*\*\****none***IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 08/29/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING 1	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 1
Verified and Acknowledged Examiner's Signature	Initials				

**ADDRESS**

PETER P. TUNG, PHL.D.  
6567 GALWALY DRIVE  
CLARKSVILLE , MD  
21029

**TITLE**

Oxygen mask

FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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